

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000010353	
1. Entity Name ARTIGIANO, INC.	

Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0681659	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARVESU, MANUEL M 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

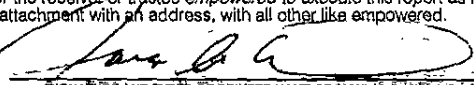
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**UN0000337449
04/27/05-80169-003 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACHECO, WALDO E 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAEZ, JORGE N 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ODIO, JORGE A 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARVCSU, MANUEL M 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 305 569-9970
Date Daytime Phone #